

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8	1						58		
9	1						59		
10		1					60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7	J		J		J	TOTAL IND.		
TOTAL DEP.	7	J		J		J	TOTAL DEP.		
TOTAL CLAIMS	14						TOTAL CLAIMS		

FIRST AVAILABLE COPY